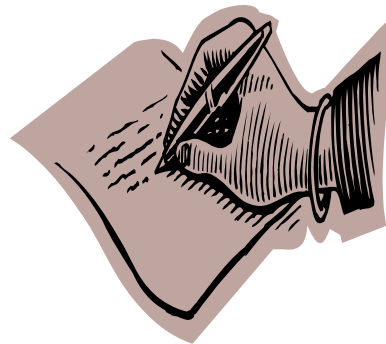




DDS

Medication Administration Certification

Re-certification Review Manual July 2006



I. Medication Administration Responsibilities

Authorization to administer medication

- Medication certification is an achievement that is earned when a non-licensed person completes the requirements identified by DDS. Certification means that you have achieved baseline competency knowledge of medication administration practices as identified by Connecticut DDS and after additional training you may be delegated responsibility by an RN for medication administration to persons served by DDS in residential and day program settings.
- Certified non-licensed staff may administer medications only when the following conditions are met:
 1. Staff have in their possession, their current DDS Medication Certification Card
 2. Staff have completed the On-Site Practicum training (Checklist A) from the RN including training that is specific to the agency and the needs of individuals at all sites where they will administer medication
 3. Staff have successfully completed an On-Site practicum (Checklist B) with each delegating RN
 4. Staff have the responsibility for medication administration delegated to them by the RN at each site
 5. Staff meets all re-certification requirements to remain certified before the expiration date on their card.
 6. Staff have not had their certification suspended or revoked by DDS or the delegation of this task suspended by the RN.
- The delegating RN has the right/responsibility to stop you at any time from administering medications if you make errors or commit any acts that violate DDS Medication Regulations.
- There may be additional tasks related to medication administration that the RN will train you to perform and then delegate these to you when needed (administering a suppository and/or an enema, administering medications via a nebulizer, etc.)

Responsibilities before you administer medication

- Check for a signed, current order from the authorized prescriber (Doctor, Dentist, APRN, Physician's Assistant [PA]). **If order is not current, you can not give medication.**
- Compare the order to the MAR (Medication Administration Record [Kardex]) to make sure the order was transcribed properly
- Know about each of the medications you will administer to the person before you give it-
 1. The desired effects (what should happen)
 2. Side effects
 3. Usual dose
 4. Any precautions (take pulse before administering, etc.)
 5. Any other considerations (example- give with food, take on an empty stomach, etc.)
- At the beginning of the shift, check the MAR for medication changes and medication times. Also check the communication log in the home to alert you to possible new medications or changes.

Responsibilities before you administer medication (continued)

- Do a controlled drug count at the start of the shift to ensure that all controlled drugs are accounted for.
- Make sure that the RN has been notified of any new medication orders or changes to existing orders before the medication is started
- Make sure you are aware of any consistency requirements (size of food, consistency of liquids, etc.) so that you can be sure to follow these when administering medications.
- Make sure you check the person's allergies
- Make sure that you know how to administer the medications prescribed and if they require special additional training that you have received it and been delegated this responsibility by the RN (example: suppository, nebulizer, enema, etc.)

Responsibilities when you are preparing medication for administration

- Wash your hands
- Allow NO distractions when you are preparing medication (NO Calls; request other staff to deal with individuals while preparing meds); If a medical emergency occurs, stop pouring meds and lock up until you can focus.
- Prepare only one person's medication at a time and administer that medication before you prepare someone else's medication.
- Assemble all appropriate equipment (med cups, crusher, spoons, cups for water, gloves, etc.)
- Check the MAR to make sure that the medication has not already been given
- Practice the Rule of 3- Compare information three times before you administer the medication to the person
- Use the 5 Rights when comparing information (CTDMR= Right consumer/client, Right Time, Right Dose, Right Medication, and Right Route).
- Do not pour medications from a container if you cannot read the information on the label.
- Do not use one person's meds for another person. Medications are the property of the person whose name is on the label.
- Sign for controlled drugs on the Receipt and Disposition record when you remove them from the container
- Make sure that medications especially liquids are in the correct consistency for administration to that person (liquid meds thickened, pills crushed, etc.)
- Lock the medication cabinet before walking away.

Responsibilities when you are administering medications

- Identify the person you are going to administer medications to (check photo ID if you do not know them)
- Remember to perform any pre-administration task specific to the medication you are going to administer, before you give the person the medications (check pulse or blood pressure, etc.)
- Inform the person of what you are going to do
- Follow correct techniques for administering that dosage form or that route of medication.
- Observe the person as you administer any type of medication (example: oral-for signs that they have any difficulty swallowing, pulmonary- that they keep their mouth closed around the inhaler, rectal- that they are able to keep the suppository in, topical – that they do not immediately wipe away the medication, etc.)
- Make sure the person has swallowed oral medication- Check their mouth.
- Remember when you **Should Not** administer medications-
 1. If the person has had a change of condition or level of consciousness (example: sick, vomiting, seizure, short of breath, etc.)
 2. If the label can't be read
 3. If the person refuses
 4. If any of the 5 Rights are missing
 5. If signed order is not present

Responsibilities after you have administered medications

- Wash hands
- Make sure that you complete the documentation for the administration of the meds you just gave on the person's MAR. Don't forget documentation of controlled drugs on the receipt and disposition record.
- If you administered a PRN medication, make sure you also complete the documentation on the backside of the MAR to document effectiveness.
- Notify RN of any observations/ problems with administration to RN (difficulty swallowing medication, refusal or lack of cooperation by the person to take medication, etc.)
- Clean up the medication area as necessary.

Other responsibilities associated with medication administration

- Observe the person to determine effects of medication
 1. Therapeutic effect (desired effect of medication)
 2. No Apparent Effect (drug does not appear to do what it is supposed to do)
 3. Side effect (mild and predictable reaction that is other than what it was given for)
 4. Adverse Effect (severe reaction caused by the drug that causes it to be stopped)
 5. Allergic Effect (a reaction to the drug that usually involves the skin, lungs, and or mucous membranes; Severe allergic reactions are called Anaphylaxis or anaphylactic reaction)

Other responsibilities associated with medication administration

- Keep RN informed about what you have observed about the person's response to the medication. Notify the RN immediately if you suspect the person is experiencing an allergic effect from a medication.
- When an order is transcribed onto the MAR, a second certified staff needs to check the transcription against the order and verify that it is correct. Follow the RN's direction regarding this.
- Notify the RN if you are not able to give a medication as ordered. (example: medication not available, medication not given in the correct hour window, etc.)
- Medications, which are out-of-date, discontinued, and/or unlabeled, must be destroyed according to policy.
 1. With a witness if drugs is Non- controlled
 2. By Nurse and certified staff if is a Controlled drug
- You are responsible for ensuring the security of medication. Never leave the medication cabinet unlocked, leave medication keys out for access by persons in the home or any staff that are not currently certified
- Never give medication that has been poured by another person except if it is a single dose that has been prepackaged by a licensed or certified staff and is properly and completely labeled with the name of the person the medication is to be administered to along with the names and dosages of the medications, the time of administration, and the route. If you have questions about the medication contained in this package ask before you administer.
- Never take an order from an authorized prescriber over the telephone. Ask them to fax it or call the order to the pharmacy.

II. Abbreviations

Times of Administration		Location of Administration		Measurement	
qd	every day, once a day	AD	right ear	cc	Cubic centimeter
bid	twice a day	AS	left ear	gm	gram
tid	three times a day	AU	both ears	gtt	drop
qid	four times a day			mcg	microgram
		OD	right eye	mg	milligram
qh	every hour	OS	left eye	ml	milliliter
q2h	every 2 hours	OU	both eyes	oz	ounce
q2°	every 2 hours			tsp	teaspoon
q4h	every 4 hours	po	by mouth	TBSP	tablespoon
q4°	every 4 hours	NPO	nothing by mouth	.	one
qod	every other day			T	one
		pr	per rectum; rectally		
ac	before meals				Other
pc	after meals	sl	sublingual		
				c	with
hs	hour of sleep		Allergies		
		NKA	No known allergies	s	without
prn	as needed	NKDA	No known drug allergies	tab	tablet
stat	immediately			D/C	discontinue

III. Measurements

5cc = 1 tsp. = 5ml	3 tsp. = 1 Tbsp.
15cc = 1 Tbsp. = 15ml	30cc = 2 Tbsp. = 30ml = 1 oz
240cc = 240 ml = 8 oz	

IV. Documentation Reminders

- Each person has their own MAR/ Kardex
- Each controlled drug has a separate Receipt and Disposition Record
- All documentation must be in blue or black ink (NO gel pens). What you write must be legible, and must be clear.
- You may not erase, use white out, or scribble over any documentation. If an error is made, you correct documentation by drawing a single line through the error so that it remains legible, but a bracket around the error, initial and date the error and then write the correction.
- You may not insert notes between lines or leave empty space for someone else to insert an entry later
- Don't change your documentation to cover up anyone else's mistake.
- Do not falsify information.
- Use only approved abbreviations.
- Your initials and your signature must appear on the signature area of the MAR
- When orders are transcribed onto the MAR they should be checked by another med certified staff before the medication is administered.
- Changes to medications dosages, or frequency of administration are treated as new orders
- PRN medications must be documented on the front and the back of the MAR along with the effect of the medication.
- Controlled drugs are documented on the MAR and the Receipt and Disposition Record.

V. Medication Errors and Prohibited Practices

- All medication errors must be immediately reported to the Nurse by the person who makes the error or by the person who discovers the error.
- **Error** is defined as a **failure to**: administer medication to correct person, correct medication, correct dose, within one hour of the time specified, by the wrong route, or according to generally accepted medical practices.
- **Prohibited practice** is defined as those actions/ inactions that affect the medication administration process in that they **violate** state or federal law, DDS regulation, and/ or

V. Medication Errors and Prohibited Practices (continued)

generally accepted medical practices. (Examples include: **failure to**: document, maintain an adequate supply of medication, or secure medications; **taking** a verbal or telephone order, **packaging** more than one dose of medication, **falsification** of documentation or certification paperwork, **administering** medications without current certification, etc.)

- There are 3 classes of medication errors and prohibited practices:
 1. Class A errors- this class generally involves such things as: documentation errors, failure to keep the medications secured, failure to ensure a supply of medication, and/or transcription errors (unless these last 2 examples results in an omission of a dose)
 2. Class B errors- this class generally involves a violation of the 5 rights
 3. Class C errors- this class generally involves more serious mistakes in the administration of medication that result in the person requiring medical attention, administration of medication when certification has expired or delegation of this responsibility has been stopped by the RN, or records have been falsified.
- All medication errors require re-training by the RN as soon as possible. Staff are expected to make themselves available for this retraining as failure to do so may result in the suspension of the delegation of this responsibility.
- If the staff person makes more than one Class A and/or Class B error, or makes one Class C error they may be subject to other sanctions. These sanctions may include repetition of the 21-hour medication administration training course, and/or progressive discipline as outlined in the DDS Medication Sanction Process for certified non-licensed staff.
- A DDS incident report (255m) is required to be completed within 24 hours of the commission or discovery of a medication error.

VI. Drug Classifications:

Analgesic	Drugs that relieve pain without producing a loss of consciousness
Antacids	Drugs that counteract or neutralize stomach acid
Antianxiety	Drugs that are used to treat anxiety, tension, or nervousness. Also called Anxiolytics or Tranquilizers
Antibiotic	Medication designed to destroy or prevent the growth of harmful organisms.
Anticholinergic	Drugs that are helpful in the treatment of early side effects that are caused by Antipsychotic/ Neuroleptic drugs
Anticonvulsant	Drugs used to control seizure disorders. Also called antiepileptics
Antidepressant	Drugs used to elevate mood, increase physical activity and mental alertness
Antihistamines	Drugs used to reduce the symptoms of allergic reactions.
Antitussives	Drugs that suppress the cough reflex.

VI. Drug Classifications (continued):

Antipsychotics	Drugs that treat psychotic behavior. Also called Neuroleptics ; Can cause early onset side effects that can be treated with anticholinergics or late onset effects (Tardive Dyskinesia) for which there is no treatment; Can also cause Neuroleptic Malignant Syndrome at any time.
Barbiturate	Drugs that are used to produce drowsiness and/or a hypnotic state. These can become addictive if taken for long periods of time.
Bronchodilators	Drugs given to open the air passages of the lungs to increase the flow of air
Cardiovascular	Drugs that are given for conditions of the heart and/or circulatory system Antihypertensives : Drugs given to treat high blood pressure Digitalis : Drugs that strengthen the heart but cause it to beat slower; needs pulse check Diuretics : Drugs that are given to rid the body of excess fluids; Need to eat foods high in potassium (bananas)
Cathartic	Drugs that cause a bowel movement
Expectorants	Drugs that aid in the removal of secretions from the throat or lungs.
Hypnotic	Drugs used to produce sleep
Hormonal drugs	Drugs used to replace hormones the body is not producing such as: Insulin : Drugs usually administered by nurses via injection to persons with Diabetes Oral Hypoglycemics : Drugs administered to persons with Diabetes to help control their blood sugar Oral contraceptives : Birth control medications Thyroid Preparations : Given to persons whose Thyroid gland does not produce enough natural Thyroid hormone
Mood Stabilizer	Drugs used to stabilize person's mood
Sedative	Drugs uses to relax the person without producing sleep
Vasodilators	Drugs that relax the muscles in the blood vessels to increase blood supply

VII. Other Terms Related to Medication Administration

Akathesia	Motor restlessness, not able to sit still. Early side effect of antipsychotic medications
Anaphylaxis	Severe allergic reaction; Life threatening; May require use of Epi-Pen
Antagonistic	A drug to drug interaction that causes the effect of one drug to be decreased
Authorized Prescriber	A doctor, dentist, advanced practice RN (APRN), or a physician's assistant (PA) that can by law prescribe medications.

VII. Other Terms Related to Medication Administration (continued):

Controlled Drug	A medication that is determined by the U.S. Government to cause dependence or addiction. These medications require special handling- counts between shifts, extra documentation, and storage under double lock.
Depressant	A drug that slows down certain functions of the body such as breathing and heart rate. (Example: Alcohol)
Enteric coated	A hard- shelled drug designed to pass through the stomach and dissolve in the intestines. This drug can not be crushed or split. It should not be chewed.
Feeding Tube	A tube that leads to the stomach (G-tube) or to the intestine (J-tube) that is used to provide a way of giving nourishment and medications to a person who is not able to take things orally.
Five Rights	CTDDS; Right person (consumer), right time, right dose, right medication, right route
Gingival Hyperplasia	The overgrowth of the gums surrounding the teeth. This is often seen in individuals that take Dilantin for seizures.
LOA	Leave of absence; This term may be used when the person needs to take meds away from their home and these meds (one dose) are pre-packaged .
MAOI	The type of antidepressant medication that require special dietary precautions (No aged or cured food such as cheese, lox, pickled herring and no alcoholic beverages such as beer, wine or whiskey.
Names of Drugs	Each drug has 3 names- Chemical, Generic, and Trade.
Neuroleptic Malignant Syndrome	A potentially life threatening medical condition that can result at any time from the use of antipsychotic medications.
Non-controlled drug	Any drug not identified by the U.S. Government as controlled.
PRN meds	Meds given on an as needed basis that require that the effect be documented. A medication that is ordered to be given PRN must always contain a reason for administration in the order.
Rule of 3	Comparing the medication label with the MAR 3 times before administering the medication to the person.
Scored Tablet	A tablet that has a line marked on the tablet that indicates that there is an equal amount of the drug on each side of the line. This is the only type of tablet that can be split.
Stimulant	A drug that increases the activity of the brain and spinal cord. Example: caffeine

VII. Other Terms Related to Medication Administration:

Synergistic	A drug to drug interaction that causes the effect of one drug to be increased
Systemic effect	The action of the medication is noted in the whole body.
Tardive Dyskinesia	Late onset involuntary movement disorder that is a side effect of antipsychotic medications
Toxicity	The build-up of a substance, such as a medication, in the body to the point it is harmful to the person.
Unlabeled use of Medication	When a drug is listed to treat a certain condition, but is found through research to be useful for other disorders also.

Psychotropic Meds	<p>A group of several classifications of medication that are given to control or modify behavior. Need PRC approval before being started.</p> <p style="text-align: center;">PSYCHOTROPIC MEDICATIONS</p>			
	<p><u>Antipsychotics</u></p> <p>Treat psychosis Some can cause : <u>Extrapyramidal effects</u></p> <ul style="list-style-type: none"> ▪ Akathisia ▪ Parkinsonism ▪ Dystonia <p>Early onset- 5-60 days after starting med Treatment: anticholinergic meds (Cogentin)</p> <p>Tardive Dyskinesia (TD) Abnormal involuntary muscle movements Late onset- 3-6 months after Starting med Treatment: None; may or may not stop the med</p> <p>Neuroleptic Malignant Syndrome</p> <p>Remember Sunscreen</p>	<p><u>Antianxiety</u></p> <p>Treat tension , anxiety nervousness</p> <p>Frequently used as pre-sedation for MD appt.</p> <p>Synergistic reaction with other CNS drugs <u>antidepressants</u></p>	<p><u>Antidepressant</u></p> <p>Treat depression</p> <p>3 types:</p> <ol style="list-style-type: none"> 1) MAOIs- <ul style="list-style-type: none"> ▪ low tyramine diet (No aged foods like cheese, pickles, herring or alcohol) ▪ interact with many other meds 2) Tricyclics 3) Atypicals (Prozac, Zoloft) 	<p><u>Mood stabilizers</u></p> <p>Treat Bipolar Disorder</p> <p>Lithium-</p> <ul style="list-style-type: none"> ▪ potential for problems with toxicity ▪ Notify nurse if vomiting, diarrhea or lack of food/ fluid intake <p>Depakote- anticonvulsant that is also used for this purpose</p> <p>Blood levels- usually AM dose of med is held until after blood is drawn- follow instructions of RN</p> <p>Remember Sunscreen</p>